

**STATE OF MONTANA
DEPARTMENT OF LABOR AND INDUSTRY**

FOR BOARD USE ONLY

BOARD OF PERSONNEL APPEALS

D.C. CASE NO. _____

DATE FILED _____

PETITION FOR DECERTIFICATION

INSTRUCTIONS: Submit an original and three (3) copies of this petition to the BOARD OF PERSONNEL APPEALS, PO BOX 6518, HELENA, MT, 59604-6518. If more space is required for any item, attach additional sheets, numbering items accordingly. **(Print or type in black)**

1.	NAME OF PETITIONER: _____	AFFILIATION (if any): _____
2.	ADDRESS OF PETITIONER: _____	TELEPHONE: _____
3.	NAME OF PUBLIC EMPLOYER: _____	
4.	ADDRESS OF EMPLOYER: _____	TELEPHONE: _____

5. Description of the unit to be determined specifying inclusions and exclusions. (Be complete and specific and use correct job titles whenever possible.)
Inclusions: _____
Exclusions: _____

5a. Approximate number of employees in the proposed unit: _____

5b. Is the petition accompanied by 30 percent proof-of-interest? Yes _____ No _____

6. Name, Address and Affiliation of any labor organizations who claim to represent the employees in the proposed unit. (If None, write NONE)

7. Expiration dates and brief description of any contracts covering any employees in the proposed unit.

8. Briefly state any known disagreement between the employer and the petitioner as to the nature and scope of the proposed unit.

9. Any other relevant facts.

The above information is true and complete to the best of my knowledge and the labor organization that has been certified, or is currently being recognized by the employer as bargaining representative no longer represents the interests of the majority of the employees in the unit.

Date: _____ By: _____
(signature)